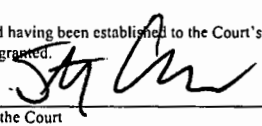


CJA 21 AUTHORIZATION AND VOUCHER FOR EXPERT AND OTHER SERVICES (Rev. 05/12)

1. CIR./DIST./ DIV. CODE		2. PERSON REPRESENTED William Poff		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 13-CR-61		5. APPEALS DKT./DEF. NUMBER	
6. OTHER DKT. NUMBER		7. IN CASE/MATTER OF (Case Name) USA v. William Poff		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	
9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other		10. REPRESENTATION TYPE (See Instructions)			
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i> 18 USC secs. 1521, 1341 and 2					
REQUEST AND AUTHORIZATION FOR EXPERT SERVICES					
12. ATTORNEY'S STATEMENT As the attorney for the person represented, who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request: <input type="checkbox"/> Authorization to obtain the service. Estimated Compensation and Expenses: \$ _____ OR <input type="checkbox"/> Approval of services already obtained to be paid for by the United States pursuant to the Criminal Justice Act. (Note: Prior authorization should be obtained for services in excess of \$800, excluding expenses) Signature of Attorney _____ Date _____ <input type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Attorney <input checked="" type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS William Poff, Sauk County Jail, 1300 Lange Court, Baraboo, WI 53913 Telephone Number: _____					
13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See Instructions) Payment of copying service at jail. See attached motion.			14. TYPE OF SERVICE PROVIDER (See Instructions) 01 <input type="checkbox"/> Investigator 17 <input type="checkbox"/> Hair/Fiber Expert 02 <input type="checkbox"/> Interpreter/Translator 18 <input type="checkbox"/> Computer (Hardware/Software/Systems) 03 <input type="checkbox"/> Psychologist 19 <input type="checkbox"/> Paralegal Services 04 <input type="checkbox"/> Psychiatrist 20 <input type="checkbox"/> Legal Analyst/Consultant 05 <input type="checkbox"/> Polygraph 21 <input type="checkbox"/> Jury Consultant 06 <input type="checkbox"/> Documents Examiner 22 <input type="checkbox"/> Mitigation Specialist 07 <input type="checkbox"/> Fingerprint Analyst 23 <input checked="" type="checkbox"/> Duplication Services 08 <input type="checkbox"/> Accountant 24 <input type="checkbox"/> Other (Specify) 09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc.) 25 <input type="checkbox"/> Litigation Support Services 10 <input type="checkbox"/> Chemist/Toxicologist 26 <input type="checkbox"/> Computer Forensics Expert 11 <input type="checkbox"/> Ballistics 12 <input type="checkbox"/> Weapons/Firearms/Explosive Expert 13 <input type="checkbox"/> Pathologist/Medical Examiner 14 <input type="checkbox"/> Other Medical 15 <input type="checkbox"/> Voice/Audio Analyst		
15. COURT ORDER Financial eligibility of the person represented having been established to the Court's satisfaction, the authorization requested in Item 12 is hereby granted.  Signature of Presiding Judge or By Order of the Court 1-12-14 Date of Order _____ Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time of authorization. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
CLAIM FOR SERVICES AND EXPENSES			FOR COURT USE ONLY		
16. SERVICES AND EXPENSES (Attach itemization of services with dates)		AMOUNT CLAIMED		MATH/TECHNICAL ADJUSTED AMOUNT	
a. Compensation					
b. Travel Expenses (lodging, parking, meals, mileage, etc.)					
c. Other Expenses					
GRAND TOTALS (CLAIMED AND ADJUSTED):		\$0.00		\$0.00	
17. PAYEE'S NAME AND MAILING ADDRESS TIN: _____ Telephone Number: _____ CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM _____ TO _____ CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services. Signature of Claimant/Payee _____ Date _____					
18. CERTIFICATION OF ATTORNEY I hereby certify that the services were rendered for this case. Signature of Attorney _____ Date _____					
APPROVED FOR PAYMENT — COURT USE ONLY					
19. TOTAL COMPENSATION		20. TRAVEL EXPENSES		21. OTHER EXPENSES	
				22. TOTAL AMOUNT APPROVED/CERTIFIED \$0.00	
23. <input type="checkbox"/> Either the total cost (excluding expenses) of all services combined does not exceed \$800, or prior authorization was obtained. <input type="checkbox"/> Prior authorization was not obtained, but in the interest of justice the Court finds that timely procurement of these necessary services could not await prior authorization, even though the cost (excluding expenses) exceeds \$800. Signature of Presiding Judge _____ Date _____ Judge Code _____					
24. TOTAL COMPENSATION		25. TRAVEL EXPENSES		26. OTHER EXPENSES	
				27. TOTAL AMOUNT APPROVED \$0.00	
28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. § 3006A(c)(3) Signature of Chief Judge, Court of Appeals (or Delegate) _____ Date _____ Judge Code _____					